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**CONFIRMATION NO. 5346**

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SERIAL NUMBER 10/786,445	FILING OR 371(c) DATE 02/25/2004 RULE	CLASS 435	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 096429-9141
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**APPLICANTS**

Rodney A. Welch, Madison, WI;  
 Wyndham W. Lathem, St. Louis, MO;  
 Thomas E. Grys, Madison, WI;

**\*\* CONTINUING DATA \*\*\*\*\***

*[Signature]* This application is a CIP of 10/002,309 10/26/2001 PAT 6,872,559 which claims benefit of 60/243,675 10/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/12/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 23	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

**ADDRESS**

23510

**TITLE**

E.coli O157:H7 C1-INH-binding protein and methods of use

FILING FEE RECEIVED 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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